

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET PU4969USw
First Names Inventor: Joelle L. BURGESS
<u>Complete if known:</u> App No.:
Filing Date

- (x) Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CHEMICAL COMPOUNDS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on 15 October 2003 as United States application Serial No. _____ or PCT International

Application Number PCT/US03/32625 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

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I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

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PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1.			
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1. <u>60/418,915</u>	<u>10/16/2002</u>
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Address all correspondence and telephone calls to Customer Number **23347**
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GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709-3398

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2	FULL NAME OF INVENTOR BURGESS	FAMILY NAME BURGESS	FIRST GIVEN NAME Joelle	SECOND GIVEN NAME/INITIAL L.
	INVENTOR'S SIGNATURE 	Signature 		
0	RESIDENCE & CITIZENSHIP King of Prussia	STATE OR FOREIGN COUNTRY PA	COUNTRY OF CITIZENSHIP US	
1	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR CALLAHAN	FIRST GIVEN NAME John James 	SECOND GIVEN NAME/INITIAL J.	Date: 13 - April - 2004
0	INVENTOR'S SIGNATURE 			
0	RESIDENCE & CITIZENSHIP King of Prussia	STATE OR FOREIGN COUNTRY PA	COUNTRY OF CITIZENSHIP US	
2	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR HAMAJIMA	FIRST GIVEN NAME Toshihiro	SECOND GIVEN NAME/INITIAL 	Date
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0	RESIDENCE & CITIZENSHIP Ibaraki	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP JP	
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0	RESIDENCE & CITIZENSHIP	CITY Aichi	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP JP
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR TANG	FAMILY NAME TANG	FIRST GIVEN NAME Jun	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Ibaraki	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP CN
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2	FULL NAME OF INVENTOR	FAMILY NAME CALLAHAN	FIRST GIVEN NAME John	SECOND GIVEN NAME/INITIAL F.
	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE & CITIZENSHIP	CITY King of Prussia	STATE OR FOREIGN COUNTRY PA	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME HAMAJIMA	FIRST GIVEN NAME Toshihiro	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature X Toshihiro Hanajima		
0	RESIDENCE & CITIZENSHIP	CITY Ibaraki	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP JP
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	INVENTOR'S SIGNATURE	<i>Ichiro Mori</i>		Date: <input checked="" type="checkbox"/> <i>April 18, 2004</i>
0	RESIDENCE & CITIZENSHIP	CITY Aichi	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP JP
5	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398		CITY Research Triangle Park STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME TANG	FIRST GIVEN NAME Jun	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	<i>Jun Tang</i>		Date: <input checked="" type="checkbox"/> <i>April 19, 2004</i>
0	RESIDENCE & CITIZENSHIP	CITY Ibaraki	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP CN
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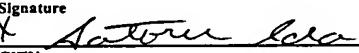
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0	INVENTOR'S SIGNATURE	Signature		Date:
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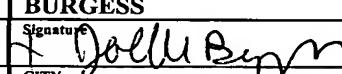
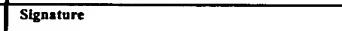
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	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Aichi	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP JP
5	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR TANG	FAMILY NAME TANG	FIRST GIVEN NAME Jun	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Ibaraki	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP CN
6	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US